

IN-STATE PROVIDER / FACILITY – RATE LIST

State Fiscal Year 15

Effective 7/1/2014

<u>Provider Name</u>	<u>Facility #</u>	<u>Service Code</u>	<u>Rate</u>
Acadia of Montana, Butte	28936-001	PRCMM	
Residential treatment facility / non-contracted			
Individual placement agreements with the provider will determine the daily rate if non-Medicaid			
AWARE Therapeutic Group Homes			
Brandon Way, Missoula	7276-054	PTGHI	46.41
Castle Pines Group Home, Great Falls	7276-006	PTGHI	46.41
Donna Ave Home, Bozeman	7276-018	PTGHI	46.41
Ernest Street Home, Missoula	7276-021	PTGHI	46.41
Franklin Youth Group Home, Missoula	7276-001	PTGHI	46.41
Gilbert Avenue Group Home, Missoula	7276-002	PTGHI	46.41
Mission Trail Home, Kalispell	7276-025	PTGHI	46.41
Ottawa Youth Group Home, Butte	7276-009	PTGHI	46.41
Pinski House for Girls, Great Falls	7276-005	PTGHI	46.41
Renz Youth Group Home, Butte	7276-004	PTGHI	46.41
Sussex Home, Kalispell	7276-024	PTGHI	46.41
West Villard Home, Bozeman	7276-017	PTGHI	46.41
Whiteway Youth Home, Butte	7276-007	PTGHI	46.41
AWARE Pennsylvania Avenue Therapeutic Group Homes (formerly Galen)			
Clark Fork	7276-043	PTGHI	46.41
		PHCPL	<u>20.00</u>
		Total daily rate	66.41
Gold Creek	7276-032	PTGHI	46.41
		PHCPL	<u>20.00</u>
		Total daily rate	66.41
Lost Creek	7276-023	PTGHI	46.41
		PHCPL	<u>20.00</u>
		Total daily rate	66.41
Mount Powell	7276-036	PTGHI	46.41
		PHCPL	<u>20.00</u>
		Total daily rate	66.41
Pintlar	7276-022	PTGHI	46.41
		PHCPL	<u>20.00</u>
		Total daily rate	66.41
Washoe	7276-026	PTGHI	46.41
		PHCPL	<u>20.00</u>
		Total daily rate	66.41
Blackfeet Nurturing Center, Browning	12259-002	PSRS4	81.79
CCC- Discovery House, Anaconda			
Group Home	25832-001	PGRS4	81.79
		PGTL1	<u>13.36</u>
		Total daily rate	95.15

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Shelter Care	25831-001	PSRS4	81.79
		PSTL1	<u>13.36</u>
		Total daily rate	95.15
Excel Group Home			
Excel East Group Home	20218-002	PTGHI	46.41
Florence Crittenton Home and Services, Helena	1236-001		
<u>Mother Baby Program</u> – mother only		PMATM	139.56
		PMATF	<u>13.36</u>
		Total Daily Rate	152.92
DPHHS has custody of the youth, not the infant or toddler. The infants and toddlers are not entered with placements or services. Be sure that parent and child(ren) are cross-referenced on RELL.			
<u>Baby Room and Board Component</u>		PMARB	21.14
The Baby Room and Board Component is added on the mother's SERL after the infant is born and brought to Florence Crittenton from the hospital.			
One additional child (sibling to the newborn)		PMACS	21.14
Two additional children (siblings to the newborn)		PMACS	
The additional child room and board is entered on the mother's SERL.			
Or			
<u>Therapeutic Group Home</u>	1236-001	PTGHI	46.41
This service code is for single female youth in care.			
Great Falls Receiving Home, Shelter Care	7531-001	PSRS4	81.79
Intermountain Children's Home, Helena			
Beta Cottage	7148-005	PTGHI	46.41
Bridger Cottage	7148-002	PTGHI	46.41
Glacier Cottage	7148-004	PTGHI	46.41
McTaggart Cottage	7148-003	PTGHI	46.41
Providence Home, Kalispell	7148-007	PTGHI	46.41
Intermountain Adoption and Family Support Program (PATH)/Helena			
Medicaid authorized client			
Supervision / Room and Board only	7148-001	PFTB1	32.97
OR			
Non-Medicaid authorized client			
Therapeutic Family Foster Care Supervision, Room and Board	7148-001	PFTHR	39.05
Treatment		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Youth Needs	7148-001	PFTHR	39.05
(Authorized in 30-day increments)		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency	7148-001	PTAL1	34.23
(Authorized in 30-day increments)		PTXL2	<u>28.48</u>
		Total daily rate	62.71
Permanency	7148-001	PTAL1(total daily rate)	34.23
Therapeutic Respite		SRETF	30.57
Please refer to the service descriptions (at the end of in-state providers) for more information about the limits and uses of step-down services.			

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<u>Provider Name</u>	<u>Facility #</u>	<u>Service Code</u>	<u>Rate</u>
Kairos			
Missouri River Youth Home Group Home	6142-001	PGRS4	81.79
		PGTL1	<u>13.36</u>
		Total daily rate	95.15
Missouri River Shelter Care	6142-001	PSRS4	81.79
		PSTL1	<u>13.36</u>
		Total daily rate	95.15
Portage Place	6142-003	PTGHI	46.41
Evergreen Youth Home Group Home	6142-004	PGRS4	81.79
		PGTL1	<u>13.36</u>
		Total daily rate	95.15
Evergreen Shelter Care	6142-004	PSRS4	81.79
		PSTL1	<u>13.36</u>
		Total daily rate	95.15
Cantlon Family Youth Home [Formerly Lake County Youth Guidance Home], Ronan	7697-001	PGRS4	81.79
Montana Community Services, Billings			
Miles Avenue Group Home	12617-005	PTGHI	46.41
Parkhill Group Home	12617-006	PTGHI	46.41
Custer Youth Group Home	12617-007	PTGHI	46.41
New Day, Inc., Billings			
Unit 1 (Male)	8195-001	PTGHI	46.41
Unit 2 (Male)	8195-002	PTGHI	46.41
Unit 3 (Female)	8195-003	PTGHI	46.41
Unit 4 (Female)	8195-004	PTGHI	46.41
Unit 5 (Male)	8195-009	PTGHI	46.41
Unit 6 (Male)	8195-007	PTGHI	46.41
Unit 7 (Male)	8195-008	PTGHI	46.41
New Day Therapeutic Foster Care			
Medicaid authorized client Supervision/Room and Board only	8195-006	PFTB1	32.97
OR Non-Medicaid authorized client			
Therapeutic Family Foster Care Supervision, R & B	8195-006	PFTHR	39.05
Treatment		PFTL2	<u>28.48</u>
		Total Daily Rate	67.53
Assessment For Youth Needs (Authorized in 30-day increments)		PFTHR	39.05
		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency (Authorized in 30-day increments)		PTAL1	34.23
		PTXL2	<u>28.48</u>
		Total daily rate	62.71

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<u>Provider Name</u>	<u>Facility #</u>	<u>Service Code</u>	<u>Rate</u>
New Day Therapeutic Foster Care, cont.			
Permanency		PTAL1 (total daily rate)	34.23
Therapeutic Respite		SRETF	30.57
Please refer to the service descriptions (at the end of in-state providers) for more information about the limits and uses of step-down services.			
Open Gate Ranch, Trout Creek	7574-001	PGRS4	81.79
Partnership for Children, Missoula			
<u>Therapeutic Group Homes</u>			
Rosemary Gallagher Home, Missoula	22696-002	PTGHI	46.41
Francetich Group Home, Missoula	22696-003	PTGHI	46.41
Please refer to the service descriptions (at the end of in-state providers) for more information about the limits and uses of step-down services.			
<u>Therapeutic Foster Care</u>	22696-001		
Medicaid authorized client			
Supervision / Room and Board only		PFTB1	32.97
OR			
Non-Medicaid authorized client	22696-001		
Therapeutic Family Foster Care Supervision, Room and Board		PFTHR	39.05
Treatment		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Youth Needs		PFTHR	39.05
(Authorized in 30-day increments)		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency		PTAL1	34.23
(Authorized in 30-day increments)		PTXL2	<u>28.48</u>
		Total daily rate	62.71
Permanency		PTAL1 (total daily rate)	34.23
Therapeutic Respite		SRETF	30.57
Second Circle Lodge, Ronan	8272-001	PGRS4	81.79
Tribal Social Services, Salish Kootenai Tribe	12492-001		
CSKT Tribal Social Services is the payment-receiving provider (Service rendering provider is the specific foster family)			
Age 0 through 12		PFRS1	18.46
Age 13 through 21		PFRS1	21.96
Age 0 through 21		PFSSI	24.12
Transportation, maximum \$87.50 per month		STRNX	87.50
Diaper Allowance, maximum \$1.32 per day age 0 through 2		SDALL	1.32
Clothing Allowance, maximum \$200.00 per six months		SCALL	200.00
Medicaid authorized client	12492-001		
Supervision/Room and Board only		PFTB1	32.97
OR			

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<u>Provider Name</u>	<u>Facility #</u>	<u>Service Code</u>	<u>Rate</u>
Tribal Social Services, Salish Kootenai Tribe, cont.			
Non-Medicaid authorized client	12492-001		
Therapeutic Family Foster Care Supervision, R & B Treatment		PFTHR	39.05
		PFTL2	<u>28.48</u>
		Total Daily Rate	67.53
Assessment For Youth Needs		PFTHR	39.05
(Authorized in 30-day increments)		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency		PTAL1	34.23
(Authorized in 30-day increments)		PTXL2	<u>28.48</u>
		Total daily rate	62.71
Permanency		PTAL1 (total daily rate)	34.23
Therapeutic Respite		SRETF	30.57
Shodair Children's Hospital, Helena	7888-001	PRCMM	
Residential Treatment Facility – non-contracted			
Individual placement agreements with the provider will determine the daily rate			
Watson Children's Shelter, Missoula			
Buckhouse Lane	3431-003	PSRS4	81.79
Watson Children's Shelter and Group Home, Missoula			
Fort Missoula Road	3431-002	PSRS4	81.79
		PGRS4	81.79
Western Montana Mental Health Center, Kalispell			
<u>Therapeutic Group Home</u>			
Sinopah House	10297-002	PTGHI	46.41
Please refer to the service descriptions (at the end of in-state providers) for more information about the limits and uses of step-down services.			
Stillwater Therapeutic Services			
Medicaid authorized client	10297-001	PFTB1	32.97
Supervision / Room and Board only			
OR			
Non-Medicaid authorized client	10297-001	PFTHR	39.05
Therapeutic Family Foster Care Supervision, Room and Board Treatment		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Youth Needs		PFTHR	39.05
(Authorized in 30-day increments)		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency		PTAL1	34.23
(Authorized in 30-day increments)		PTXL2	<u>28.48</u>
		Total daily rate	62.71
Permanency		PTAL1 (total daily rate)	34.23
Therapeutic Respite		SRETF	30.57

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Yellowstone Boys and Girls Ranch, Billings			
YBGR Residential Treatment	8216-010	PRCMM	
Residential treatment facility / non-contracted			
Individual placement agreements with the provider will determine the daily rate if non-Medicaid			
<u>Therapeutic Group Homes:</u>			
Lewistown Community Home	8216-005	PTGHI	46.41
<u>Therapeutic Foster Care:</u>			
Medicaid authorized client			
Supervision / Room and Board only		PFTB1	32.97
OR			
Non-Medicaid authorized client			
Therapeutic Family Foster Care Supervision, Room and Board		PFTHR	39.05
Treatment		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Youth Needs		PFTHR	39.05
(Authorized in 30-day increments)		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency		PTAL1	34.23
(Authorized in 30-day increments)		PTXL2	<u>28.48</u>
		Total daily rate	62.71
Permanency		PTAL1 (total daily rate)	34.23
Therapeutic Respite		SRETF	30.57
Please refer to the service descriptions (at the end of in-state providers) for more information about the limits and uses of step-down services.			
Youth Dynamics, Inc., Billings	8382-001		
<u>Therapeutic Group Homes:</u>			
Big Sky Youth Center, Bozeman	8382-003	PTGHI	46.41
Lewis and Clark Youth Home, Helena	8382-012	PTGHI	46.41
North Skyline Youth Home	8382-013	PTGHI	46.41
Rimview Group Home, Billings	8382-006	PTGHI	46.41
River's Edge Youth Home, Billings	8382-010	PTGHI	46.41
S.T.A.R. Therapeutic Youth Home , Billings	8382-002	PTGHI	46.41
AYA Choices Boys Group Home, Boulder	8382-007	PTGHI	46.41
AYA New Journey Girls Group Home, Boulder	8382-008	PTGHI	46.41
AYA Opportunity Home – Sexualized youth, Boulder	8382-009	PTGHI	46.41
AYA New Beginnings – Sexualized youth, Boulder	8382-011	PTGHI	46.41
Medicaid authorized client			
Supervision / Room and Board only		PFTB1	32.97
OR			
Non-Medicaid authorized client			
Therapeutic Family Foster Care Supervision, Room and Board		PFTHR	39.05
Treatment		PFTL2	<u>28.48</u>
		Total daily rate	67.53

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Assessment For Youth Needs (Authorized in 30-day increments)		PFTHR	39.05
		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency (Authorized in 30-day increments)		PTAL1	34.23
		PTXL2	<u>28.48</u>
		Total daily rate	62.71
Permanency		PTAL1 (total daily rate)	34.23
Therapeutic Respite		SRETF	30.57
Please refer to the service descriptions (at the end of in-state providers) for more information about the limits and uses of step-down services.			
Youth Homes, Inc.			
Flathead Youth Home (GH/SH), Kalispell Shelter Care	7001-007	PSRS4	81.79
		PSTL2	<u>32.48</u>
		Total daily rate	114.27
Flathead Youth Home - Group Home	7001-007	PGRS4	81.79
		PGTL2	<u>32.48</u>
		Total daily rate	114.27
Linda Massa Youth Home [Formerly Bitterroot Youth Home] (GH/SH), Hamilton Group Home	7001-011	PSRS4	81.79
		PSTL2	<u>32.48</u>
		Total daily rate	114.27
Shelter Care	7001-011	PGRS4	81.79
		PGTL2	<u>32.48</u>
		Total daily rate	114.27
Margaret Stuart Youth Home [formerly RMYR], Helena Group Home	7001-015	PGRS4	81.79
		PGTL2	<u>32.48</u>
		Total daily rate	114.27
Shelter Care	38010-002	PSRS4	81.79
		PSTL2	<u>32.48</u>
		Total daily rate	114.27
Dennis Radtke Youth Group Home for Boys	7001-008	PTGHI	46.41
Shirley Miller Attention Home (GH/SH)	7001-005	PSRS4	81.79
		PSTL2	<u>32.48</u>
		Total daily rate	114.27
Jan Shaw Home for Girls [formerly RMYR], Helena	7001-14	PTGHI	46.41
Susan Talbot Boys Home	7001-001	PTGHI	46.41
Susan Talbot Home for Girls	7001-002	PTGHI	46.41

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<u>Provider Name</u>	<u>Facility #</u>	<u>Service Code</u>	<u>Rate</u>
Youth Homes, Inc, cont. Tom Roy Youth Guidance Home	7001-004	PGRS5	139.56
Dan Fox Family Care Program	7001-006		
Medicaid authorized client Supervision / Room and Board only		PFTB1	32.97
OR			
Non-Medicaid authorized client Therapeutic Family Foster Care Supervision, Room and Board		PFTHR	39.05
Treatment		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Youth Needs (Authorized in 30-day increments)		PFTHR	39.05
		PFTL2	<u>28.48</u>
		Total daily rate	67.53
Assessment For Permanency (Authorized in 30-day increments)		PTAL1	34.23
		PTXL2	<u>28.48</u>
		Total daily rate	62.71
Permanency		PTAL1 (total daily rate)	34.23
Therapeutic Respite		SRETF	30.57
Please refer to the service descriptions (at the end of in-state providers) for more information about the limits and uses of step-down services.			
Youth Christian Home, Roundup	28033-001	PGRS4	81.79
Youth Services Center, Billings (Yellowstone County Board of County Commissioners)	6251-001		
Shelter Care Treatment Level 2		PSTL2	32.48
Shelter Care Room, Board and Supervision		PSRS4	<u>81.79</u>
		Total daily rate	114.27

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FAMILY FOSTER CARE RATES			
Family Foster Care	PFRS1	Age 0-12	18.46
		Age 13-21	21.96
Specialized Foster Care	PFSPC	Age 0-2	27.74
		Age 3-12	26.25
		Age 13-25	29.52
SSI Family Foster Care	PFSSI		24.12
Kinship Foster Care	PRRS1	Age 0-12	18.46
		Age 13-21	21.96
Diaper Allowance	SDALL		1.32
Clothing Allowance	SCALL		200.00 (maximum per 6 months)
Transportation	STRNS		87.50 (monthly maximum)
Respite	SRESP		4.00
(The maximum rate for respite care provided outside the foster home is \$4 per hour per child for up to eight continuous hours or \$32 per child for more than 8 hours and up to 24 hours.)			

**THERAPEUTIC FOSTER CARE ASSESSMENT
PERMANENCY AND RESPITE**

The Assessment for Youth Needs service will be (30 days per service; total rate =67.53)	PFTHR Room, Board, Supervision Level 1	39.05
	PTXL2 Treatment Level 2	28.48
The Assessment for Permanency service will be (30 days per service; total rate =62.71)	PTAL1 Room, Board, Supervision Level 1	34.23
	PTXL2 Treatment Level 2	28.48
The Permanency service will be	PTAL1 Room, Board, Supervision Level 1	34.23
The Respite Service will be	SRETF	30.57

These three services are used independently of the standard therapeutic foster care services, i.e., therapeutic foster care room, board and supervision level 2 (PFTHR) and therapeutic foster care treatment level 2 (PFTL2) for non-Medicaid placements or therapeutic foster care room, board and supervision level 1 (PFTB1) for Medicaid-approved treatment.

The **Assessment of Youth Needs** is used for youth entering the therapeutic services for the first time. This is when the needs of the child must be evaluated. The assessment level is not automatic but is a legitimate service when the placing worker and contractor agree that information needs to be gathered and the child be observed in order to make appropriate treatment decisions. The assessment service is to be authorized only in increments of 30 days. If a client is at this level, respite (SREPTF) is approved according to the therapeutic respite guidelines.

The **Assessment of Permanency** service is the step-down service. This is a transition from standard therapeutic foster care to a lesser level of therapeutic foster care (less supervision by professional staff). The Assessment of Permanency is typically for 30 days while a “Permanency Plan” is put into place with the foster family. After 30 days, the PTXL2 payment ends, and the **Permanency** service begins using only the PTAL1 code. This permanency level is NOT the Medicaid reimbursed permanency level TFC.

The **therapeutic respite** service is entered and approved on CAPS only in the event that respite care is not authorized by Medicaid as a service necessary to support the mental health treatment of the youth, or in the event a youth is otherwise ineligible for Medicaid reimbursed mental health services. SRETF is to be used in conjunction with the assessment or permanency services. The standard therapeutic foster care services PFTHR, PFTL2 or PFTB1 have respite built into the contract and daily rates. We should not use SRETF when either of the standard therapeutic services are in effect.

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